

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                            |          |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| The C/OH Instruction Guide explains how to complete this form.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 Filer ID                                                                                                                          | 2 Total pages filed:<br>41 |          |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR FIRST MI<br>Damarcus                                                                                                                                                                                                                                                                                                                                                                                                 | <b>OFFICE USE ONLY</b><br>Date Received<br>Date Hand-delivered Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |                            |          |
|                                                                                                       | NICKNAME LAST SUFFIX<br>Offord                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                            |          |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>418 Laurel Lane<br><br>Glenn Heights, TX 75154                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                     |                            | ZIP CODE |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR FIRST MI<br>Damarcus                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                            |          |
|                                                                                                       | NICKNAME LAST SUFFIX<br>Offord                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                            |          |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br>418 Laurel Lane<br><br>Glenn Heights, TX 75154                                                                                                                                                                                                                                                                                                      |                                                                                                                                     |                            |          |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE PHONE NUMBER EXTENSION<br><br>972-672-9744                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                            |          |
| 8 REPORT<br>TYPE                                                                                      | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |                                                                                                                                     |                            |          |
| 9 PERIOD<br>COVERED                                                                                   | Month Day Year    Month Day Year<br>05/17/2026    THROUGH    06/30/2026                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                            |          |
| 10 ELECTION                                                                                           | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br>11/03/2026 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                        |                                                                                                                                     |                            |          |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                               | 12 OFFICE SOUGHT (if known)<br>Dallas County Clerk                                                                                  |                            |          |

GO TO PAGE 2

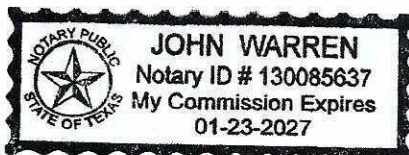
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2  
2 of 41

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|
| 13 C / OH NAME<br>Offord, Damarcus                                                              |                                                                                                                                                                                                                                                                                                                                                                                                | 14 Filer ID       |           |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                   |           |
|                                                                                                 | COMMITTEE TYPE                                                                                                                                                                                                                                                                                                                                                                                 | COMMITTEE NAME    |           |
|                                                                                                 | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                               | COMMITTEE ADDRESS |           |
|                                                                                                 | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                              |                   |           |
|                                                                                                 | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                              |                   |           |
| COMMITTEE CAMPAIGN TREASURER ADDRESS                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                   |           |
| 16 CONTRIBUTION<br>TOTALS                                                                       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)                                                                                                                                                                                                                                                          | \$                | 0.00      |
|                                                                                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                                                                                                                                                                           | \$                | 19,793.21 |
| EXPENDITURE<br>TOTALS                                                                           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                                                                                                                                                                                                                                                                                     | \$                | 0.00      |
|                                                                                                 | 4. TOTAL POLITICAL EXPENDITURES                                                                                                                                                                                                                                                                                                                                                                | \$                | 27,057.95 |
| CONTRIBUTION<br>BALANCE                                                                         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                                                                                                                                                                                                                                                                         | \$                | 1,161.31  |
| OUTSTANDING<br>LOAN TOTALS                                                                      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                                                                                                                                                                                                                                                                                  | \$                | 0.00      |

## 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Damarcus Offord, this the 15<sup>TH</sup> day of July, 2020, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering

John F. Warren  
Printed name of officer administering

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**  
3 of 41**18 FILER NAME**

Offord, Damarcus

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE

SUBTOTAL AMOUNT

- |     |                                     |                                                                                    |    |           |
|-----|-------------------------------------|------------------------------------------------------------------------------------|----|-----------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ | 14,093.21 |
| 2.  | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ | 5,700.00  |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ |           |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$ |           |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ | 27,057.95 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ |           |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$ |           |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ |           |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ |           |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$ |           |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$ |           |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |           |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                           |                                                                                                                                                                                                            |                                                              |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                 |                                                                                                                                                                                                            | 1 Total pages Schedule A1:<br>Sch: 1/3 Rpt: 4/41             |
| 2 FILER NAME<br>Offord, Damarcus                                          |                                                                                                                                                                                                            | 3 Filer ID                                                   |
| 4 Date<br>05/17/2026                                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Black, Tre<br>6 Contributor address; City; State; Zip Code<br>751 Kessler Lake Drive<br>Dallas, TX 75208              | 7 Amount of Contribution (\$)<br>\$1,052.49                  |
| 8 Principal occupation / Job title (See Instructions)<br>Executive        |                                                                                                                                                                                                            | 9 Employer (See Instructions)<br>On-Target                   |
| Date<br>05/20/2026                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fogleman, Ross<br>Contributor address; City; State; Zip Code<br>7344 EDGERTON DR<br>Dallas, TX 75231                    | Amount of Contribution (\$)<br>\$2,000.00                    |
| Principal occupation / Job title (See Instructions)<br>Architect          |                                                                                                                                                                                                            | Employer (See Instructions)<br>Self Employed                 |
| Date<br>06/06/2026                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Freeland, Laura<br>Contributor address; City; State; Zip Code<br>6009 Bryan Parkway<br>Dallas, TX 75206                 | Amount of Contribution (\$)<br>\$53.12                       |
| Principal occupation / Job title (See Instructions)<br>Executive Director |                                                                                                                                                                                                            | Employer (See Instructions)<br>Dallas county inland port lgc |
| Date<br>05/18/2026                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Giddings, Helen<br>Contributor address; City; State; Zip Code<br>400 South Zang Boulevard Ste. 1018<br>Dallas, TX 75208 | Amount of Contribution (\$)<br>\$316.11                      |
| Principal occupation / Job title (See Instructions)<br>President          |                                                                                                                                                                                                            | Employer (See Instructions)<br>Multiplex Inc.                |
| Date<br>05/21/2026                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goldberg, Neil<br>Contributor address; City; State; Zip Code<br>5530 Palomar Lane<br>Dallas, TX 75229                   | Amount of Contribution (\$)<br>\$526.50                      |
| Principal occupation / Job title (See Instructions)<br>Entrepreneur       |                                                                                                                                                                                                            | Employer (See Instructions)<br>Retired                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                      |                                                                                                                                                                                                                                      |                                                                              |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                     |                                                                                                                                                                                                                                      | <b>1</b> Total pages Schedule A1:<br>Sch: 2/3 Rpt: 5/41                      |
| <b>2</b> FILER NAME<br>Offord, Damarcus                                              |                                                                                                                                                                                                                                      | <b>3</b> Filer ID                                                            |
| <b>4</b> Date<br>06/05/2026                                                          | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hamilton, Chris<br><b>6</b> Contributor address; City; State; Zip Code<br>325 North Saint Paul Street Suite 3600<br><br>Dallas, TX 75201 | <b>7</b> Amount of Contribution (\$)<br><br>\$5,000.00                       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Lawyer               |                                                                                                                                                                                                                                      | <b>9</b> Employer (See Instructions)<br>Hamilton Wingo, LLP                  |
| <b>Date</b><br>05/26/2026                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Henry, Justin<br><b>Contributor address; City; State; Zip Code</b><br>11305 Coral Hills Drive<br><br>Dallas, TX 75229                      | <b>Amount of Contribution (\$)</b><br><br>\$1,052.49                         |
| <b>Principal occupation / Job title (See Instructions)</b><br>Attorney               |                                                                                                                                                                                                                                      | <b>Employer (See Instructions)</b><br>Verily Health Inc                      |
| <b>Date</b><br>05/20/2026                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Linebarger Goggan Blair & Sampson, LLP<br><b>Contributor address; City; State; Zip Code</b><br>PO Box 17428<br><br>Austin, TX 78760        | <b>Amount of Contribution (\$)</b><br><br>\$1,000.00                         |
| <b>Principal occupation / Job title (See Instructions)</b><br>Attorney               |                                                                                                                                                                                                                                      | <b>Employer (See Instructions)</b><br>Linebarger Goggan Blair & Sampson, LLP |
| <b>Date</b><br>05/17/2026                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Owusu, Drexell<br><b>Contributor address; City; State; Zip Code</b><br>927 Sam Dealey Dr<br><br>Dallas, TX 75208                           | <b>Amount of Contribution (\$)</b><br><br>\$263.51                           |
| <b>Principal occupation / Job title (See Instructions)</b><br>Chief Learning Officer |                                                                                                                                                                                                                                      | <b>Employer (See Instructions)</b><br>Perot Museum of Nature and Science     |
| <b>Date</b><br>05/18/2026                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sanders, Byron<br><b>Contributor address; City; State; Zip Code</b><br>708 Mayrant Dr<br><br>Dallas, TX 75224                              | <b>Amount of Contribution (\$)</b><br><br>\$526.50                           |
| <b>Principal occupation / Job title (See Instructions)</b><br>CEO                    |                                                                                                                                                                                                                                      | <b>Employer (See Instructions)</b><br>Arete Health                           |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                         |                                                                                                                                                                                                |                                                                    |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.               |                                                                                                                                                                                                | 1 Total pages Schedule A1:<br>Sch: 3/3 Rpt: 6/41                   |
| 2 FILER NAME<br>Offord, Damarcus                                        |                                                                                                                                                                                                | 3 Filer ID                                                         |
| 4 Date<br>06/06/2026                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shipp, Dyke<br>6 Contributor address; City; State; Zip Code<br>4409 Bowman Drive<br>Colleyville, TX 76034 | 7 Amount of Contribution (\$)<br>\$1,052.49                        |
| 8 Principal occupation / Job title (See Instructions)<br>President      |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>KFC                               |
| Date<br>06/09/2026                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stewart, Jennifer<br>Contributor address; City; State; Zip Code<br>5405 Wehawken Road<br>Bethesda, MD 20816 | Amount of Contribution (\$)<br>\$1,000.00                          |
| Principal occupation / Job title (See Instructions)<br>Federal Lobbyist |                                                                                                                                                                                                | Employer (See Instructions)<br>Stewart Strategies & Solutions, LLC |
| Date<br>05/17/2026                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WILLIAMS, EVE<br>Contributor address; City; State; Zip Code<br>1104 Shadow Wood Trl<br>Desoto, TX 75115     | Amount of Contribution (\$)<br>\$250.00                            |
| Principal occupation / Job title (See Instructions)<br>Adminstrator     |                                                                                                                                                                                                | Employer (See Instructions)<br>Dikita Enterprise                   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|                                                                                                |                                                                                                                                                                                                                         |                                                                               |                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                               |                                                                                                                                                                                                                         | <b>1</b> Total pages Schedule A2:<br>Sch: 1/1 Rpt: 7/41                       |                                                             |
| <b>2</b> FILER NAME<br>Offord, Damarcus                                                        |                                                                                                                                                                                                                         | <b>3</b> Filer ID                                                             |                                                             |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                   |                                                                                                                                                                                                                         | <b>\$</b>                                                                     |                                                             |
| <b>5</b> Date<br>06/30/2026                                                                    | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Amyson, Joseph<br><hr/> <b>7</b> Contributor address; City; State; Zip Code<br>P. O. Box 227272<br><br>Dallas, TX 75222     | <b>8</b> Amount of contribution (\$)<br>\$700.00                              | <b>9</b> In-kind contribution description<br>Admin Support  |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Accountant |                                                                                                                                                                                                                         | <b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)<br>JD Advisory Group |                                                             |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                                    |                                                                                                                                                                                                                         | <b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)           |                                                             |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                                       |                                                                                                                                                                                                                         | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)            |                                                             |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)             |                                                                                                                                                                                                                         |                                                                               |                                                             |
| Date<br>06/25/2026                                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>District Attorney John Creuzot Campaign<br><hr/> Contributor address; City; State; Zip Code<br>PO Box 181268<br><br>Dallas, TX 75218 | Amount of contribution (\$)<br>\$5,000.00                                     | In-kind contribution description<br>Literature Distribution |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)                         |                                                                                                                                                                                                                         | Employer (FOR NON-JUDICIAL) (See instructions)                                |                                                             |
| Contributor's principal occupation (FOR JUDICIAL)                                              |                                                                                                                                                                                                                         | Contributor's job title (FOR JUDICIAL) (See instructions)                     |                                                             |
| Contributor's employer/law firm (FOR JUDICIAL)                                                 |                                                                                                                                                                                                                         | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                      |                                                             |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                       |                                                                                                                                                                                                                         |                                                                               |                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |  |                                                                                                                  |  |                                                                                                                                                                                                      |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 1/34 Rpt: 8/41            |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>06/08/2026                                         |  | 5 Payee name<br>311 Kitchen & Cocktails                                                                          |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$25.57                                     |  | 7 Payee address; City; State; Zip Code<br>311 N Market St Ste 100<br><br>Dallas, TX 75202                        |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/08/2026                                           |  | Payee name<br>AOG Ent                                                                                            |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$20.00                                       |  | Payee address; City; State; Zip Code<br>2990 Blackburn St<br><br>Dallas, TX 75204                                |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                       |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking           |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/17/2026                                           |  | Payee name<br>Amazon                                                                                             |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$184.51                                      |  | Payee address; City; State; Zip Code<br>410 Terry Ave. North<br><br>Seattle, WA 98109                            |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                       |  | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense               |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supplies          |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                            |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |  |                                                                                           |  |                                                                                                                                                                                                      |  |
|--------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 2/34 Rpt: 9/41            |  | 2 FILER NAME<br>Offord, Damarcus                                                          |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>05/18/2026                                         |  | 5 Payee name<br>BMB Dining Services                                                       |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$52.44                                     |  | 7 Payee address; City; State; Zip Code<br>7501 N Stemmons Fwy<br><br>Dallas, TX 75247     |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                               |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/01/2026                                           |  | Payee name<br>Barmico                                                                     |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$3.25                                        |  | Payee address; City; State; Zip Code<br>4711 Maple Ave<br><br>Dallas, TX 75219            |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                       |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                               |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/16/2026                                           |  | Payee name<br>Bennett, Adam                                                               |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$400.00                                      |  | Payee address; City; State; Zip Code<br>312 S. Coppell Rd.<br><br>Coppell, TX 75019       |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                       |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Graphic Design    |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                               |  | Office sought Office held                                                                                                                                                                            |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                          |                                                                                                                                                                                                             |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/34 Rpt: 10/41           | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                  | <b>3</b> Filer ID                                                                                                                                                                                           |
| <b>4</b> Date<br>06/01/2026                                         | <b>5</b> Payee name<br>Beyond the Slogan                                                                 |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$6,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>2710 Routh Creek #1102<br><br>Richardson, TX 75082      |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Communications    |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                          |                                                                                                                                                                                                             |
| Date<br>05/27/2026                                                  | Candidate/Officeholder name<br>Branch, Frank                                                             | Office sought<br>Office held                                                                                                                                                                                |
| Amount (\$)<br>\$60.00                                              | Payee address; City; State; Zip Code<br>7575 Chaucer Pl Apt 2702<br><br>Dallas, TX 75237                 |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                          |                                                                                                                                                                                                             |
| Date<br>06/08/2026                                                  | Candidate/Officeholder name<br>Brew City Kitchen                                                         | Office sought<br>Office held                                                                                                                                                                                |
| Amount (\$)<br>\$118.74                                             | Payee address; City; State; Zip Code<br>3427 E Trinity Mills Rd Ste 700<br><br>Dallas, TX 75287          |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                          |                                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                          |                                                                                                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/34 Rpt: 11/41           | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                  | <b>3</b> Filer ID                                                                                                                                                                                        |
| <b>4</b> Date<br>05/26/2026                                         | <b>5</b> Payee name<br>Brightmon, Tiffany                                                                |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$150.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>212 Stanford Dr<br><br>Forney, TX 75126                 |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                          |                                                                                                                                                                                                          |
| Candidate/Officeholder name Office sought Office held               |                                                                                                          |                                                                                                                                                                                                          |
| Date<br>05/22/2026                                                  | Payee name<br>Brooks, Kenna                                                                              |                                                                                                                                                                                                          |
| Amount (\$)<br>\$750.00                                             | Payee address; City; State; Zip Code<br>1033 Glencrest Dr<br><br>Cedar Hill, TX 75104                    |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                          |                                                                                                                                                                                                          |
| Candidate/Officeholder name Office sought Office held               |                                                                                                          |                                                                                                                                                                                                          |
| Date<br>05/26/2026                                                  | Payee name<br>Brooks, Kenna                                                                              |                                                                                                                                                                                                          |
| Amount (\$)<br>\$350.00                                             | Payee address; City; State; Zip Code<br>1033 Glencrest Dr<br><br>Cedar Hill, TX 75104                    |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                          |                                                                                                                                                                                                          |
| Candidate/Officeholder name Office sought Office held               |                                                                                                          |                                                                                                                                                                                                          |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Total pages Schedule F1:<br>Sch: 5/34 Rpt: 12/41           |                                                                                                   | 2 FILER NAME<br>Offord, Damarcus                                                        |                                                                                                                                                                                                   | 3 Filer ID |
| 4 Date<br>05/26/2026                                         |                                                                                                   | 5 Payee name<br>Brooks, Kenna                                                           |                                                                                                                                                                                                   |            |
| 6 Amount (\$)<br>\$120.00                                    |                                                                                                   | 7 Payee address; City; State; Zip Code<br>1033 Glencrest Dr<br><br>Cedar Hill, TX 75104 |                                                                                                                                                                                                   |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
| Date<br>05/27/2026                                           |                                                                                                   | Payee name<br>Brooks, Kenna                                                             |                                                                                                                                                                                                   |            |
| Amount (\$)<br>\$150.00                                      |                                                                                                   | Payee address; City; State; Zip Code<br>1033 Glencrest Dr<br><br>Cedar Hill, TX 75104   |                                                                                                                                                                                                   |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
| Date<br>06/03/2026                                           |                                                                                                   | Payee name<br>Brown, Ke'Maya                                                            |                                                                                                                                                                                                   |            |
| Amount (\$)<br>\$20.00                                       |                                                                                                   | Payee address; City; State; Zip Code<br>5426 Singing Hills Dr<br><br>Dallas, TX 75241   |                                                                                                                                                                                                   |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                   |  |                                                                                                                                                                                                      |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 6/34 Rpt: 13/41    |  | 2 FILER NAME<br>Offord, Damarcus                                                                  |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>06/16/2026                                  |  | 5 Payee name<br>Brown, Ke'Maya                                                                    |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$500.00                             |  | 7 Payee address; City; State; Zip Code<br>5426 Singing Hills Dr<br><br>Dallas, TX 75241           |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services    |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/15/2026                                    |  | Payee name<br>Canvas Hotel Dallas                                                                 |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$87.83                                |  | Payee address; City; State; Zip Code<br>1325 S Lamar St<br><br>Dallas, TX 75215                   |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/01/2026                                    |  | Payee name<br>Capital Grille                                                                      |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$217.79                               |  | Payee address; City; State; Zip Code<br>500 Crescent Ct<br><br>Dallas, TX 75201                   |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/34 Rpt: 14/41           | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                                                  | <b>3</b> Filer ID                                                                                                                                                                                        |
| <b>4</b> Date<br>06/09/2026                                         | <b>5</b> Payee name<br>Chappelle for Council                                                                                                             |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$105.75                                    | <b>7</b> Payee address; City; State; Zip Code<br>2860 S State Hwy 161<br><br>Grand Prairie, TX 75052                                                     |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                          |                                                                                                                                                                                                          |
| Date<br>06/11/2026                                                  | Candidate/Officeholder name<br>Chevron                                                                                                                   | Office sought<br>Office held                                                                                                                                                                             |
| Amount (\$)<br>\$40.68                                              | Payee address; City; State; Zip Code<br>309 S Marsalis Ave<br><br>Dallas, TX 75203                                                                       |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense                                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                          |                                                                                                                                                                                                          |
| Date<br>06/25/2026                                                  | Candidate/Officeholder name<br>Clarke, Jessica                                                                                                           | Office sought<br>Office held                                                                                                                                                                             |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br>378 N Jim Miller Rd # 1026<br><br>Dallas, TX 75227                                                               |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                          |                                                                                                                                                                                                          |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |  |                                                                                                                                                   |  |                                                                                                                                                                                                      |
|--------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 8/34 Rpt: 15/41           |  | 2 FILER NAME<br>Offord, Damarcus                                                                                                                  |  | 3 Filer ID                                                                                                                                                                                           |
| 4 Date<br>06/12/2026                                         |  | 5 Payee name<br>Color Purple Cafe                                                                                                                 |  |                                                                                                                                                                                                      |
| 6 Amount (\$)<br>\$57.29                                     |  | 7 Payee address; City; State; Zip Code<br>901 N Polk St Ste 330<br><br>DeSoto, TX 75115                                                           |  |                                                                                                                                                                                                      |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                                         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                                                                             |  |                                                                                                                                                                                                      |
| Date<br>06/01/2026                                           |  | Payee name<br>Culinary Dropout                                                                                                                    |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$132.50                                      |  | Payee address; City; State; Zip Code<br>150 Turtle Creek Blvd #101<br><br>Dallas, TX 75207                                                        |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                       |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                                         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                                                             |  |                                                                                                                                                                                                      |
| Date<br>06/08/2026                                           |  | Payee name<br>Dallas County Democrats                                                                                                             |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$250.00                                      |  | Payee address; City; State; Zip Code<br>1414 N Washington Ave<br><br>Dallas, TX 75204                                                             |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                       |  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                                                             |  |                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                  |  |                                                                                                                                                                                            |  |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 9/34 Rpt: 16/41    |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                                 |  |
| 4 Date<br>06/04/2026                                  |  | 5 Payee name<br>Dallas on Steet Parking                                                                          |  |                                                                                                                                                                                            |  |
| 6 Amount (\$)<br>\$1.25                               |  | 7 Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201                                |  |                                                                                                                                                                                            |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                  |  |
| Date<br>06/04/2026                                    |  | Payee name<br>Dallas on Steet Parking                                                                            |  |                                                                                                                                                                                            |  |
| Amount (\$)<br>\$3.00                                 |  | Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201                                  |  |                                                                                                                                                                                            |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                  |  |
| Date<br>06/08/2026                                    |  | Payee name<br>Dallas on Steet Parking                                                                            |  |                                                                                                                                                                                            |  |
| Amount (\$)<br>\$1.25                                 |  | Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201                                  |  |                                                                                                                                                                                            |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                  |                                                                                   |                                                                                                                                                                                                   |            |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Total pages Schedule F1:<br>Sch: 10/34 Rpt: 17/41   |                                                                                                                  | 2 FILER NAME<br>Offord, Damarcus                                                  |                                                                                                                                                                                                   | 3 Filer ID |
| 4 Date<br>06/11/2026                                  |                                                                                                                  | 5 Payee name<br>Dallas on Steet Parking                                           |                                                                                                                                                                                                   |            |
| 6 Amount (\$)<br>\$1.25                               |                                                                                                                  | 7 Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201 |                                                                                                                                                                                                   |            |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |                                                                                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking        |            |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                  |                                                                                   |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held |                                                                                                                  |                                                                                   |                                                                                                                                                                                                   |            |
| Date<br>06/11/2026                                    |                                                                                                                  | Payee name<br>Dallas on Steet Parking                                             |                                                                                                                                                                                                   |            |
| Amount (\$)<br>\$3.00                                 |                                                                                                                  | Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201   |                                                                                                                                                                                                   |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |                                                                                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking        |            |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                   |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held |                                                                                                                  |                                                                                   |                                                                                                                                                                                                   |            |
| Date<br>05/19/2026                                    |                                                                                                                  | Payee name<br>Davis, Aundrea                                                      |                                                                                                                                                                                                   |            |
| Amount (\$)<br>\$300.00                               |                                                                                                                  | Payee address; City; State; Zip Code<br>2200 Dennison st<br><br>Dallas, TX 75212  |                                                                                                                                                                                                   |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                |                                                                                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |            |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                   |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held |                                                                                                                  |                                                                                   |                                                                                                                                                                                                   |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                   |  |                                                                                                                                                                                                   |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 11/34 Rpt: 18/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                  |  | 3 Filer ID                                                                                                                                                                                        |  |
| 4 Date<br>05/19/2026                                  |  | 5 Payee name<br>DeSoto Food Mart                                                                  |  |                                                                                                                                                                                                   |  |
| 6 Amount (\$)<br>\$14.54                              |  | 7 Payee address; City; State; Zip Code<br>240 E Belt Line Rd<br><br>DeSoto, TX 75115              |  |                                                                                                                                                                                                   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal           |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                         |  |
| Date<br>05/27/2026                                    |  | Payee name<br>Deyontia, Singletary                                                                |  |                                                                                                                                                                                                   |  |
| Amount (\$)<br>\$150.00                               |  | Payee address; City; State; Zip Code<br>7310 MARVIN D LOVE FWY APT 635<br><br>Dallas, TX 75237    |  |                                                                                                                                                                                                   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                         |  |
| Date<br>06/10/2026                                    |  | Payee name<br>Dominos                                                                             |  |                                                                                                                                                                                                   |  |
| Amount (\$)<br>\$44.90                                |  | Payee address; City; State; Zip Code<br>101 S Hampton Rd<br><br>DeSoto, TX 75115                  |  |                                                                                                                                                                                                   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Volunteer Meal |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                         |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                   |  |                                                                                                                                                                                                      |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 12/34 Rpt: 19/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                  |  | 3 Filer ID                                                                                                                                                                                           |
| 4 Date<br>06/30/2026                                  |  | 5 Payee name<br>DonorBox                                                                          |  |                                                                                                                                                                                                      |
| 6 Amount (\$)<br>\$474.76                             |  | 7 Payee address; City; State; Zip Code<br>1520 Belle View Blvd<br>#4106<br>Alexandria, VA 22307   |  |                                                                                                                                                                                                      |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                          |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                             |  |                                                                                                                                                                                                      |
| Date<br>06/03/2026                                    |  | Payee name<br>Fond                                                                                |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$25.57                                |  | Payee address; City; State; Zip Code<br>1601 Elm St Ste 110<br>Dallas, TX 75201                   |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                             |  |                                                                                                                                                                                                      |
| Date<br>05/26/2026                                    |  | Payee name<br>Foster, Lakesha                                                                     |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$150.00                               |  | Payee address; City; State; Zip Code<br>2029 Fair Crest Trl<br>Forney, TX 75126                   |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services    |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                             |  |                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                  |  |                                                                                                                                                                                                   |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 13/34 Rpt: 20/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                                        |
| 4 Date<br>05/27/2026                                  |  | 5 Payee name<br>Foster, Lakisha                                                                                  |  |                                                                                                                                                                                                   |
| 6 Amount (\$)<br>\$150.00                             |  | 7 Payee address; City; State; Zip Code<br>2029 Fair Crest Trl<br><br>Forney, TX 75126                            |  |                                                                                                                                                                                                   |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                   |
| Date<br>06/04/2026                                    |  | Payee name<br>Frank Crowley Courts Garage                                                                        |  |                                                                                                                                                                                                   |
| Amount (\$)<br>\$4.00                                 |  | Payee address; City; State; Zip Code<br>199 N Riverfront Blvd<br><br>Dallas, TX 75207                            |  |                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking        |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                   |
| Date<br>06/02/2026                                    |  | Payee name<br>Google Workspace                                                                                   |  |                                                                                                                                                                                                   |
| Amount (\$)<br>\$3.46                                 |  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043                    |  |                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense               |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Database       |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                                                                                                                                                                                |  |            |
|-------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|
| 1 Total pages Schedule F1:<br>Sch: 14/34 Rpt: 21/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                                                                                                                                                                                                                               |  | 3 Filer ID |
| 4 Date<br>05/26/2026                                  |  | 5 Payee name<br>Grayson, Pamela                                                                                                                                                                                                                                                                                |  |            |
| 6 Amount (\$)<br>\$150.00                             |  | 7 Payee address; City; State; Zip Code<br>5027 Grovewood ST<br><br>Dallas, TX 75210                                                                                                                                                                                                                            |  |            |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor<br><br>(b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services     |  |            |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                                                                                                                                                                                    |  |            |
| Date<br>05/26/2026                                    |  | Payee name<br>Grayson, Pamela                                                                                                                                                                                                                                                                                  |  |            |
| Amount (\$)<br>\$150.00                               |  | Payee address; City; State; Zip Code<br>5027 Grovewood ST<br><br>Dallas, TX 75210                                                                                                                                                                                                                              |  |            |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor<br><br>(b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services     |  |            |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                                                                                                                                                                                    |  |            |
| Date<br>06/09/2026                                    |  | Payee name<br>Gulf                                                                                                                                                                                                                                                                                             |  |            |
| Amount (\$)<br>\$20.12                                |  | Payee address; City; State; Zip Code<br>2647 W Northwest Hwy<br><br>Dallas, TX 75220                                                                                                                                                                                                                           |  |            |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense<br><br>(b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |  |            |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                                                                                                                                                                                    |  |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                   |  |                                                                                                                                                                                                      |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 15/34 Rpt: 22/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                  |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>06/30/2026                                  |  | 5 Payee name<br>Hubbard, Latonya                                                                  |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$500.00                             |  | 7 Payee address; City; State; Zip Code<br>1510 Redbird Dr<br><br>Garland, TX 75043                |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services    |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/30/2026                                    |  | Payee name<br>Impromote U Inc                                                                     |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$971.00                               |  | Payee address; City; State; Zip Code<br>321 Commonwealth Road<br><br>Wayland, MA 01778            |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense              |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing          |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>05/22/2026                                    |  | Payee name<br>Install Connect                                                                     |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$800.00                               |  | Payee address; City; State; Zip Code<br>505 W. State ST<br><br>Garland, TX 75040                  |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yard Sign Install |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                   |                                                                                    |                                                                                                                                                                                                        |            |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Total pages Schedule F1:<br>Sch: 16/34 Rpt: 23/41          |                                                                                                   | 2 FILER NAME<br>Offord, Damarcus                                                   |                                                                                                                                                                                                        | 3 Filer ID |
| 4 Date<br>05/26/2026                                         |                                                                                                   | 5 Payee name<br>Install Connect                                                    |                                                                                                                                                                                                        |            |
| 6 Amount (\$)<br>\$800.00                                    |                                                                                                   | 7 Payee address; City; State; Zip Code<br>505 W. State ST<br><br>Garland, TX 75040 |                                                                                                                                                                                                        |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yard Sign Install   |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                   |                                                                                    |                                                                                                                                                                                                        |            |
| Date<br>05/26/2026                                           |                                                                                                   | Candidate/Officeholder name<br>Office sought<br>Office held                        |                                                                                                                                                                                                        |            |
| Payee name<br>J V Enterprises                                |                                                                                                   |                                                                                    |                                                                                                                                                                                                        |            |
| Amount (\$)<br>\$150.00                                      |                                                                                                   | Payee address; City; State; Zip Code<br>3425 Hacienda Dr<br><br>Dallas, TX 75233   |                                                                                                                                                                                                        |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services      |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                   |                                                                                    |                                                                                                                                                                                                        |            |
| Date<br>05/26/2026                                           |                                                                                                   | Candidate/Officeholder name<br>Office sought<br>Office held                        |                                                                                                                                                                                                        |            |
| Payee name<br>JD Advisory Group                              |                                                                                                   |                                                                                    |                                                                                                                                                                                                        |            |
| Amount (\$)<br>\$2,000.00                                    |                                                                                                   | Payee address; City; State; Zip Code<br>P. O. Box 227272<br><br>Dallas, TX 75222   |                                                                                                                                                                                                        |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense            |                                                                                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Services |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                   |                                                                                    |                                                                                                                                                                                                        |            |
| Candidate/Officeholder name<br>Office sought<br>Office held  |                                                                                                   |                                                                                    |                                                                                                                                                                                                        |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                                  |                                                                                          |                                                                                                                                                                                                      |            |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Total pages Schedule F1:<br>Sch: 17/34 Rpt: 24/41          |                                                                                                                  | 2 FILER NAME<br>Offord, Damarcus                                                         |                                                                                                                                                                                                      | 3 Filer ID |
| 4 Date<br>05/29/2026                                         |                                                                                                                  | 5 Payee name<br>JF Valet LLC                                                             |                                                                                                                                                                                                      |            |
| 6 Amount (\$)<br>\$13.83                                     |                                                                                                                  | 7 Payee address; City; State; Zip Code<br>15820 Back Nine Rd<br><br>Fort Worth, TX 76177 |                                                                                                                                                                                                      |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |                                                                                          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking           |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                  |                                                                                          |                                                                                                                                                                                                      |            |
| Date<br>05/21/2026                                           |                                                                                                                  | Candidate/Officeholder name<br>Johnny's Chicken and Waffles                              |                                                                                                                                                                                                      |            |
| Amount (\$)<br>\$11.63                                       |                                                                                                                  | Payee address; City; State; Zip Code<br>1326 Botham Jean Blvd<br><br>Dallas, TX 75215    |                                                                                                                                                                                                      |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        |                                                                                          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                          |                                                                                                                                                                                                      |            |
| Date<br>05/21/2026                                           |                                                                                                                  | Candidate/Officeholder name<br>Johnny's Chicken and Waffles                              |                                                                                                                                                                                                      |            |
| Amount (\$)<br>\$57.11                                       |                                                                                                                  | Payee address; City; State; Zip Code<br>1326 Botham Jean Blvd<br><br>Dallas, TX 75215    |                                                                                                                                                                                                      |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        |                                                                                          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                          |                                                                                                                                                                                                      |            |
| Candidate/Officeholder name<br>Office sought<br>Office held  |                                                                                                                  |                                                                                          |                                                                                                                                                                                                      |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                   |  |                                                                                                                                                                                                      |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 18/34 Rpt: 25/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                  |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>06/12/2026                                  |  | 5 Payee name<br>La Casita Coffee                                                                  |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$42.47                              |  | 7 Payee address; City; State; Zip Code<br>3309 Elm St<br><br>Dallas, TX 75226                     |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/29/2026                                    |  | Payee name<br>Las Palmas                                                                          |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$108.06                               |  | Payee address; City; State; Zip Code<br>2708 Routh St<br><br>Dallas, TX 75201                     |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>05/26/2026                                    |  | Payee name<br>Lucas, Simone                                                                       |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$150.00                               |  | Payee address; City; State; Zip Code<br>3555 Bellfort Ave<br><br>Houston, TX 77051                |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services    |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                       |  | Office sought Office held                                                                                                                                                                            |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                    |                                                                                                  |                                                                                                                                                                                                   |            |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Total pages Schedule F1:<br>Sch: 19/34 Rpt: 26/41   |                                                                                                    | 2 FILER NAME<br>Offord, Damarcus                                                                 |                                                                                                                                                                                                   | 3 Filer ID |
| 4 Date<br>05/27/2026                                  |                                                                                                    | 5 Payee name<br>Mack, Treana                                                                     |                                                                                                                                                                                                   |            |
| 6 Amount (\$)<br>\$150.00                             |                                                                                                    | 7 Payee address; City; State; Zip Code<br>604 Chatham Village Rd #523<br><br>Arlington, TX 76014 |                                                                                                                                                                                                   |            |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  |                                                                                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |            |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                    |                                                                                                  |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held |                                                                                                    |                                                                                                  |                                                                                                                                                                                                   |            |
| Date<br>05/26/2026                                    |                                                                                                    | Payee name<br>McGee, Andrew                                                                      |                                                                                                                                                                                                   |            |
| Amount (\$)<br>\$750.00                               |                                                                                                    | Payee address; City; State; Zip Code<br>10541 Wyatt St<br><br>Dallas, TX 75218                   |                                                                                                                                                                                                   |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  |                                                                                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |            |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                    |                                                                                                  |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held |                                                                                                    |                                                                                                  |                                                                                                                                                                                                   |            |
| Date<br>06/09/2026                                    |                                                                                                    | Payee name<br>Metro by T-Mobile                                                                  |                                                                                                                                                                                                   |            |
| Amount (\$)<br>\$17.48                                |                                                                                                    | Payee address; City; State; Zip Code<br>3115 Al Lipscomb Way<br><br>Dallas, TX 75215             |                                                                                                                                                                                                   |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense |                                                                                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phone Supplies |            |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                    |                                                                                                  |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held |                                                                                                    |                                                                                                  |                                                                                                                                                                                                   |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                                                                                                                                                                            |  |            |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|
| 1 Total pages Schedule F1:<br>Sch: 20/34 Rpt: 27/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                                                                                                                                                                                                                           |  | 3 Filer ID |
| 4 Date<br>06/15/2026                                  |  | 5 Payee name<br>Mokah Coffee and Tea                                                                                                                                                                                                                                                                       |  |            |
| 6 Amount (\$)<br>\$5.79                               |  | 7 Payee address; City; State; Zip Code<br>2803 Taylor St<br><br>Dallas, TX 75226                                                                                                                                                                                                                           |  |            |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense<br><br>(b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting      |  |            |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                                                                                                                                                                                |  |            |
| Date<br>05/26/2026                                    |  | Payee name<br>Neal, Michael                                                                                                                                                                                                                                                                                |  |            |
| Amount (\$)<br>\$750.00                               |  | Payee address; City; State; Zip Code<br>2023 AUTUMN MEADOW TRL<br><br>Dallas, TX 75232                                                                                                                                                                                                                     |  |            |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor<br><br>(b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |  |            |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                                                                                                                                                                                |  |            |
| Date<br>05/27/2026                                    |  | Payee name<br>Neal, Mike                                                                                                                                                                                                                                                                                   |  |            |
| Amount (\$)<br>\$150.00                               |  | Payee address; City; State; Zip Code<br>2023 AUTUMN MEADOW TRL<br><br>Dallas, TX 75232                                                                                                                                                                                                                     |  |            |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor<br><br>(b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |  |            |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                                                                                                                                                                                |  |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                           |  |                                                                                                                                                                                                      |  |
|-------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 21/34 Rpt: 28/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                          |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>06/02/2026                                  |  | 5 Payee name<br>Nealy, Kathy                                                              |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$1,000.00                           |  | 7 Payee address; City; State; Zip Code<br>6745 Keswick Dr<br><br>Dallas, TX 75232         |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting        |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                               |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>05/18/2026                                    |  | Payee name<br>Opening Bell Coffee                                                         |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$14.56                                |  | Payee address; City; State; Zip Code<br>1409 Botham Jean Blvd<br><br>Dallas, TX 75215     |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                               |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/01/2026                                    |  | Payee name<br>PNC BANK                                                                    |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$3.00                                 |  | Payee address; City; State; Zip Code<br>300 Fifth Avenue<br><br>Pittsburgh, PA 15222      |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee          |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                               |  | Office sought Office held                                                                                                                                                                            |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                        |  |                                                                                                                                                                                             |  |
|-------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 22/34 Rpt: 29/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                       |  | 3 Filer ID                                                                                                                                                                                  |  |
| 4 Date<br>05/20/2026                                  |  | 5 Payee name<br>PNC Bank                                                               |  |                                                                                                                                                                                             |  |
| 6 Amount (\$)<br>\$1.50                               |  | 7 Payee address; City; State; Zip Code<br>300 Fifth Avenue<br><br>Pittsburgh, PA 15222 |  |                                                                                                                                                                                             |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                            |  | Office sought Office held                                                                                                                                                                   |  |
| Date<br>05/22/2026                                    |  | Payee name<br>PNC Bank                                                                 |  |                                                                                                                                                                                             |  |
| Amount (\$)<br>\$4.50                                 |  | Payee address; City; State; Zip Code<br>300 Fifth Avenue<br><br>Pittsburgh, PA 15222   |  |                                                                                                                                                                                             |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                            |  | Office sought Office held                                                                                                                                                                   |  |
| Date<br>05/22/2026                                    |  | Payee name<br>PNC Bank                                                                 |  |                                                                                                                                                                                             |  |
| Amount (\$)<br>\$4.50                                 |  | Payee address; City; State; Zip Code<br>300 Fifth Avenue<br><br>Pittsburgh, PA 15222   |  |                                                                                                                                                                                             |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                            |  | Office sought Office held                                                                                                                                                                   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                   |                                                                                                     |                                                                                                                                                                                                     |            |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Total pages Schedule F1:<br>Sch: 23/34 Rpt: 30/41          |                                                                                                   | 2 FILER NAME<br>Offord, Damarcus                                                                    |                                                                                                                                                                                                     | 3 Filer ID |
| 4 Date<br>06/30/2026                                         |                                                                                                   | 5 Payee name<br>Paypal                                                                              |                                                                                                                                                                                                     |            |
| 6 Amount (\$)<br>\$471.01                                    |                                                                                                   | 7 Payee address; City; State; Zip Code<br>2221 North First St<br><br>San Jose, CA 95131             |                                                                                                                                                                                                     |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Fees                          |                                                                                                     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                   |                                                                                                     |                                                                                                                                                                                                     |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                   |                                                                                                     |                                                                                                                                                                                                     |            |
| Date<br>05/26/2026                                           |                                                                                                   | Payee name<br>Peterson, Deborah                                                                     |                                                                                                                                                                                                     |            |
| Amount (\$)<br>\$750.00                                      |                                                                                                   | Payee address; City; State; Zip Code<br>300 East Swisher Road Apt 5203<br><br>Lake Dallas, TX 75065 |                                                                                                                                                                                                     |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                                     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services   |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                   |                                                                                                     |                                                                                                                                                                                                     |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                   |                                                                                                     |                                                                                                                                                                                                     |            |
| Date<br>05/27/2026                                           |                                                                                                   | Payee name<br>Peterson, Deborah                                                                     |                                                                                                                                                                                                     |            |
| Amount (\$)<br>\$150.00                                      |                                                                                                   | Payee address; City; State; Zip Code<br>300 East Swisher Road Apt 5203<br><br>Lake Dallas, TX 75065 |                                                                                                                                                                                                     |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                                     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services   |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                   |                                                                                                     |                                                                                                                                                                                                     |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                   |                                                                                                     |                                                                                                                                                                                                     |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                             |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 24/34 Rpt: 31/41          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                                                  | <b>3</b> Filer ID                                                                                                                                                                                           |
| <b>4</b> Date<br>06/01/2026                                         | <b>5</b> Payee name<br>Pilgrim Rest Baptist                                                                                                              |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$100.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>1819 N Washington Ave<br><br>Dallas, TX 75204                                                           |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                          |                                                                                                                                                                                                             |
| Date<br>06/15/2026                                                  | Candidate/Officeholder name<br>Pizza Hut                                                                                                                 | Office sought<br>Office held                                                                                                                                                                                |
| Amount (\$)<br>\$65.42                                              | Payee address; City; State; Zip Code<br>7100 Corporate Drive<br><br>Plano, TX 75024                                                                      |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Volunteer Meal    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                          |                                                                                                                                                                                                             |
| Date<br>06/15/2026                                                  | Candidate/Officeholder name<br>Pluckers Wing Bar                                                                                                         | Office sought<br>Office held                                                                                                                                                                                |
| Amount (\$)<br>\$77.27                                              | Payee address; City; State; Zip Code<br>1340 N Peachtree Rd<br><br>Mesquite, TX 75149                                                                    |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                          |                                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                         |                                                                                                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 25/34 Rpt: 32/41          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                 | <b>3</b> Filer ID                                                                                                                                                                                        |
| <b>4</b> Date<br>06/09/2026                                         | <b>5</b> Payee name<br>QT                                                                                               |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$55.56                                     | <b>7</b> Payee address; City; State; Zip Code<br>602 S Hampton Rd<br><br>Dallas, TX 75208                               |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                         |                                                                                                                                                                                                          |
| Date<br>05/20/2026                                                  | Candidate/Officeholder name                                                                                             | Office sought      Office held                                                                                                                                                                           |
| Amount (\$)<br>\$40.51                                              | Payee name<br>QuickBooks<br><br>Payee address; City; State; Zip Code<br>2700 Coast Ave<br><br>Mountain View, CA 94043   |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software Tools |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                         |                                                                                                                                                                                                          |
| Date<br>06/22/2026                                                  | Candidate/Officeholder name                                                                                             | Office sought      Office held                                                                                                                                                                           |
| Amount (\$)<br>\$40.51                                              | Payee name<br>QuickBooks<br><br>Payee address; City; State; Zip Code<br>2700 Coast Ave<br><br>Mountain View, CA 94043   |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software Tools |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                         |                                                                                                                                                                                                          |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                            |  |                                                                                                                                                                                                      |  |
|-------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 26/34 Rpt: 33/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                           |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>06/11/2026                                  |  | 5 Payee name<br>RJ Mexican Cuisine LLC                                                     |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$70.38                              |  | 7 Payee address; City; State; Zip Code<br>1701 N Market St Ste 102<br><br>Dallas, TX 75202 |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/11/2026                                    |  | Payee name<br>RJ Mexican Cuisine LLC                                                       |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$43.55                                |  | Payee address; City; State; Zip Code<br>1701 N Market St Ste 102<br><br>Dallas, TX 75202   |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>05/26/2026                                    |  | Payee name<br>Raising Cane's                                                               |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$21.18                                |  | Payee address; City; State; Zip Code<br>7345 Gaston Avenue<br><br>Dallas, TX 75214         |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                |  | Office sought Office held                                                                                                                                                                            |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                            |  |                                                                                                                                                                                                      |  |
|-------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 27/34 Rpt: 34/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                           |  | 3 Filer ID                                                                                                                                                                                           |  |
| 4 Date<br>06/15/2026                                  |  | 5 Payee name<br>RavenEdge                                                                  |  |                                                                                                                                                                                                      |  |
| 6 Amount (\$)<br>\$350.00                             |  | 7 Payee address; City; State; Zip Code<br>910 S Pearl Expy<br><br>Dallas, TX 75201         |  |                                                                                                                                                                                                      |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Social Media      |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>05/26/2026                                    |  | Payee name<br>Razzoo's Cajun Cafe                                                          |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$107.97                               |  | Payee address; City; State; Zip Code<br>305 W FM 1382 Ste 401<br><br>Cedar Hill, TX 75104  |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                |  | Office sought Office held                                                                                                                                                                            |  |
| Date<br>06/10/2026                                    |  | Payee name<br>Razzoo's Cajun Cafe                                                          |  |                                                                                                                                                                                                      |  |
| Amount (\$)<br>\$53.35                                |  | Payee address; City; State; Zip Code<br>3712 Towne Crossing Blvd<br><br>Mesquite, TX 75150 |  |                                                                                                                                                                                                      |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                |  | Office sought Office held                                                                                                                                                                            |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                  |  |                                                                                                                                                                                                   |  |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 28/34 Rpt: 35/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                                        |  |
| 4 Date<br>05/26/2026                                  |  | 5 Payee name<br>Roberson, Katrina                                                                                |  |                                                                                                                                                                                                   |  |
| 6 Amount (\$)<br>\$150.00                             |  | 7 Payee address; City; State; Zip Code<br>642 Harris Ridge Dr.<br><br>Arlington, TX 76002                        |  |                                                                                                                                                                                                   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                         |  |
| Date<br>05/26/2026                                    |  | Payee name<br>Rodirick, Ellis                                                                                    |  |                                                                                                                                                                                                   |  |
| Amount (\$)<br>\$450.00                               |  | Payee address; City; State; Zip Code<br>6950 Marvin D. Love Freeway #240<br><br>Dallas, TX 75237                 |  |                                                                                                                                                                                                   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                         |  |
| Date<br>05/18/2026                                    |  | Payee name<br>Shell                                                                                              |  |                                                                                                                                                                                                   |  |
| Amount (\$)<br>\$67.67                                |  | Payee address; City; State; Zip Code<br>0230 Lake June Rd<br><br>Dallas, TX 75217                                |  |                                                                                                                                                                                                   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas            |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                         |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                  |  |                                                                                                                                                                                        |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 29/34 Rpt: 36/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                             |
| 4 Date<br>05/26/2026                                  |  | 5 Payee name<br>Shell                                                                                            |  |                                                                                                                                                                                        |
| 6 Amount (\$)<br>\$57.89                              |  | 7 Payee address; City; State; Zip Code<br>0230 Lake June Rd<br><br>Dallas, TX 75217                              |  |                                                                                                                                                                                        |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                        |
| Date<br>05/29/2026                                    |  | Payee name<br>Shell                                                                                              |  |                                                                                                                                                                                        |
| Amount (\$)<br>\$73.13                                |  | Payee address; City; State; Zip Code<br>0230 Lake June Rd<br><br>Dallas, TX 75217                                |  |                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                        |
| Date<br>06/05/2026                                    |  | Payee name<br>Shell                                                                                              |  |                                                                                                                                                                                        |
| Amount (\$)<br>\$24.23                                |  | Payee address; City; State; Zip Code<br>0230 Lake June Rd<br><br>Dallas, TX 75217                                |  |                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                        |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                         |                                                                                                                                                                                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 30/34 Rpt: 37/41          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                 | <b>3</b> Filer ID                                                                                                                                                                                 |
| <b>4</b> Date<br>06/08/2026                                         | <b>5</b> Payee name<br>Shell                                                                                            |                                                                                                                                                                                                   |
| <b>6</b> Amount (\$)<br>\$53.73                                     | <b>7</b> Payee address; City; State; Zip Code<br>0230 Lake June Rd<br><br>Dallas, TX 75217                              |                                                                                                                                                                                                   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                         |                                                                                                                                                                                                   |
| Date<br>06/08/2026                                                  | Candidate/Officeholder name                                                                                             | Office sought      Office held                                                                                                                                                                    |
| Payee name<br>Shell                                                 |                                                                                                                         |                                                                                                                                                                                                   |
| Amount (\$)<br>\$75.00                                              | Payee address; City; State; Zip Code<br>0230 Lake June Rd<br><br>Dallas, TX 75217                                       |                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                         |                                                                                                                                                                                                   |
| Date<br>05/26/2026                                                  | Candidate/Officeholder name                                                                                             | Office sought      Office held                                                                                                                                                                    |
| Payee name<br>Shelton, Lenyah                                       |                                                                                                                         |                                                                                                                                                                                                   |
| Amount (\$)<br>\$150.00                                             | Payee address; City; State; Zip Code<br>411 BUCKINGHAM RD APT 1126<br><br>Richardson, TX 75081                          |                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                         |                                                                                                                                                                                                   |
| Candidate/Officeholder name      Office sought      Office held     |                                                                                                                         |                                                                                                                                                                                                   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                   |  |                                                                                                                                                                                                      |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 31/34 Rpt: 38/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                  |  | 3 Filer ID                                                                                                                                                                                           |
| 4 Date<br>06/01/2026                                  |  | 5 Payee name<br>Smith, Wynter                                                                     |  |                                                                                                                                                                                                      |
| 6 Amount (\$)<br>\$800.00                             |  | 7 Payee address; City; State; Zip Code<br>2529 Park Row Ave<br><br>Dallas, TX 75215               |  |                                                                                                                                                                                                      |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services    |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                             |  |                                                                                                                                                                                                      |
| Date<br>06/22/2026                                    |  | Payee name<br>Smith, Wynter                                                                       |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$1,500.00                             |  | Payee address; City; State; Zip Code<br>2529 Park Row Ave<br><br>Dallas, TX 75215                 |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services    |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                             |  |                                                                                                                                                                                                      |
| Date<br>06/03/2026                                    |  | Payee name<br>Tacodeli                                                                            |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$29.61                                |  | Payee address; City; State; Zip Code<br>1878 Sylvan Ave<br><br>Dallas, TX 75208                   |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                             |  |                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                  |  |                                                                                                                                                                                        |  |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 32/34 Rpt: 39/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                             |  |
| 4 Date<br>05/20/2026                                  |  | 5 Payee name<br>Tiger Mart                                                                                       |  |                                                                                                                                                                                        |  |
| 6 Amount (\$)<br>\$62.36                              |  | 7 Payee address; City; State; Zip Code<br>145 W Ann Arbor Ave<br><br>Dallas, TX 75224                            |  |                                                                                                                                                                                        |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                              |  |
| Date<br>06/02/2026                                    |  | Payee name<br>Tiger Mart                                                                                         |  |                                                                                                                                                                                        |  |
| Amount (\$)<br>\$20.13                                |  | Payee address; City; State; Zip Code<br>145 W Ann Arbor Ave<br><br>Dallas, TX 75224                              |  |                                                                                                                                                                                        |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                              |  |
| Date<br>06/22/2026                                    |  | Payee name<br>Tiger Mart                                                                                         |  |                                                                                                                                                                                        |  |
| Amount (\$)<br>\$20.15                                |  | Payee address; City; State; Zip Code<br>145 W Ann Arbor Ave<br><br>Dallas, TX 75224                              |  |                                                                                                                                                                                        |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                              |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                  |  |                                                                                                                                                                                                   |  |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 33/34 Rpt: 40/41   |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                                        |  |
| 4 Date<br>05/26/2026                                  |  | 5 Payee name<br>Uber                                                                                             |  |                                                                                                                                                                                                   |  |
| 6 Amount (\$)<br>\$20.96                              |  | 7 Payee address; City; State; Zip Code<br>1725 3rd St<br><br>San Francisco, CA 94158                             |  |                                                                                                                                                                                                   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transportation |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                         |  |
| Date<br>06/08/2026                                    |  | Payee name<br>Umbrella Valet Service                                                                             |  |                                                                                                                                                                                                   |  |
| Amount (\$)<br>\$57.50                                |  | Payee address; City; State; Zip Code<br>10601 CLARENCE DR STE 250<br><br>FRISCO, TX 75033                        |  |                                                                                                                                                                                                   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking        |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                         |  |
| Date<br>05/22/2026                                    |  | Payee name<br>White, Micah                                                                                       |  |                                                                                                                                                                                                   |  |
| Amount (\$)<br>\$600.00                               |  | Payee address; City; State; Zip Code<br>2120 52ND ST APT 2103<br><br>Dallas, TX 75216                            |  |                                                                                                                                                                                                   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                         |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Total pages Schedule F1:<br>Sch: 34/34 Rpt: 41/41          |                                                                                                   | 2 FILER NAME<br>Offord, Damarcus                                                        |                                                                                                                                                                                                   | 3 Filer ID |
| 4 Date<br>05/26/2026                                         |                                                                                                   | 5 Payee name<br>White, Micah                                                            |                                                                                                                                                                                                   |            |
| 6 Amount (\$)<br>\$300.00                                    |                                                                                                   | 7 Payee address; City; State; Zip Code<br>2120 52ND ST APT 2103<br><br>Dallas, TX 75216 |                                                                                                                                                                                                   |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
| Date<br>05/27/2026                                           |                                                                                                   | Payee name<br>Young, Chrisalyn                                                          |                                                                                                                                                                                                   |            |
| Amount (\$)<br>\$150.00                                      |                                                                                                   | Payee address; City; State; Zip Code<br>1225 Clover Hill Ln<br><br>Desoto, TX 75115     |                                                                                                                                                                                                   |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |                                                                                         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                   |                                                                                         |                                                                                                                                                                                                   |            |